

Huge (Voluminous) Femoral hernia in a male (Case Report)

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Abstract

Femoral hernia is usually of a small size. It is more common in females than males and presents in a strangulation. It is considered a huge (Voluminous) if it exceeds a volume of a fist. Herewith, A 54-year-old thin man presents with an irreducible but non-strangulated huge right femoral hernia. Diagnosis was confirmed by history and physical examination. Preoperative laboratory and chest x-ray were normal. Open mesh repair was done with uneventful postoperative course. The patient was well after 18 months of operation without recurrence.

Keywords : Huge femoral Hernia, Male

Introduction

Femoral hernia is relatively rare, it forms about 5% of all abdominal hernias (1, 2), 2-4% of all groin hernias, more common in females than males with in 2:1 ratio M: F ration. (3). Usually it is of a small size and presents in a strangulation in 40% of cases (4, 5, 6, 3). The diagnosis is usually established by history and physical examination, rarely other investigations may be needed when the diagnosis is not clear (7, 6, 8) If it exceeds the volume of a fist, it is considered a huge (Voluminous) (9,10, 11). This presents therapeutic difficulties owing to, mainly, respiratory compromise if the contents are reduced to the abdomen due to loss of domain. MEDLINE search was done for huge femoral hernia in males which showed paucity of information in this field.

This case is recorded because it presented in a thin male, uncomplicated and in a huge size.

Case presentation

A 54-year-old thin man, primary school teacher, walks about 7 Km daily on feet, who had no past medical history of any medical illness. He presents with a large right groin swelling causing embarrassment to him for the last five years. O /E the swelling occupies the medial side of the thigh displacing the scrotum and the penis to the left side, the skin colour was normal, cough impulse was present. It is irreducible but soft with normal temperature, not tender, its neck is below and lateral to the pubic tubercle and it was impossible to get above it. Bowel sounds on the swelling were normal. The abdomen was scaphoid, not distended, not tender and bowel sounds were normal.

Digital rectal examination was normal. The left groin was normal. Diagnosis of very big right femoral hernia was ascertained on the basis of history and physical examination (**Fig.1**)



Fig 1 : Huge right femoral hernia

Preoperative basic laboratory including complete blood count, urinalysis, renal function test, fasting blood sugar, ECG, chest x-ray were all within normal. Informed consent was ascertained and elective open operative mesh repair was planned. The patient was explored under general anesthesia through

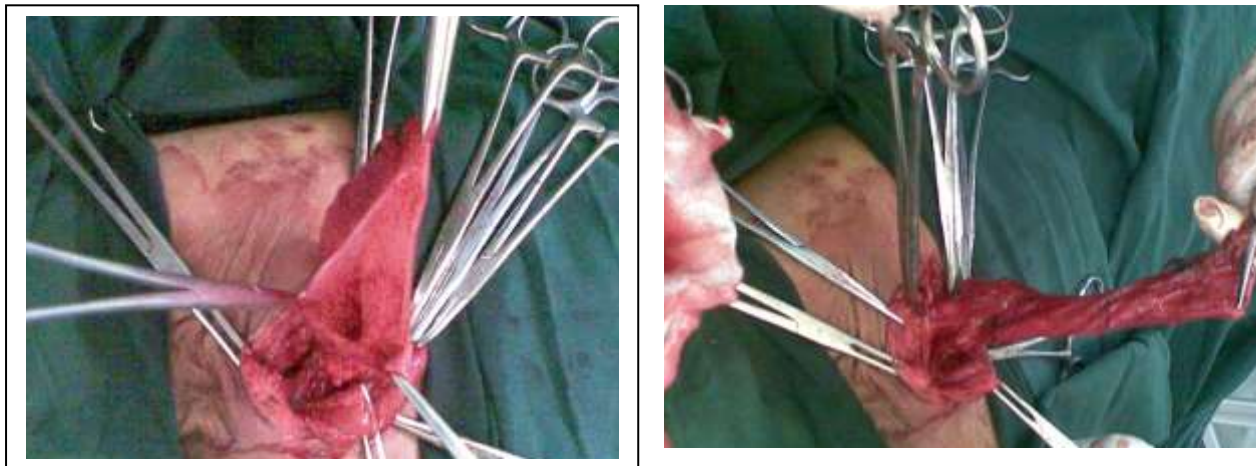


Fig 2: The contents were reduced and the big hernia sac is visualized

an incision above the inguinal ligament. There was a big femoral hernia, the inguinal ligament is attenuated. The sac was impossible to be reduced, femoral ring was enlarged, sac delivered above inguinal ligament, opened and it revealed a viable small bowel which was reduced. Herniotomy with high ligation of the sac was done **Fig. 2**. A polypropylene mesh 15 X 15cm was laid down to occlude the femoral ring and cover the posterior wall of the inguinal canal. The patient ran a smooth uneventful postoperative course and was discharged from the hospital on the first postoperative

day. Stitches were removed on 7th postoperative day. The patient was well eighteen month after without recurrence.

Discussion

Femoral hernia usually has a small size, occurs in multiparous obese female due to weakness of abdominal muscles (1,4). This patient is a thin man, has a huge femoral hernia. This means that femoral hernia can occur in a thin male patient probably due to deficiency of fat which normally fills the femoral canal where this hernia occurs.

Sixty percent of patients present as an emergency in strangulation(3, 4). This patient has an irreducible but not obstructed hernia and managed electively. Life style of this patient with a lot of waking may have lead to a gradual reduction in the amount of fatty tissue that occlude the femoral canal with a free herniation of bowel without being obstructed.

Femoral hernia can be repaired either by tissue or mesh whether through open or laparoscopic approach depending on the size of the hernia, personal preference and available facility (2, 12). Most of the literature advocate plugging of the femoral canal with mesh (4, 13, 8,14, 15, 16). This hernia is repaired with preperitoneal application of mesh without plugging of femoral canal which covers the femoral opening and strengthens the posterior wall of inguinal canal.

Conclusion

Although femoral hernia is common in females, rare in males and usually presents in a small size and in a strangulation, this case report showed that it can occur in a thin male without strangulation.

Conflict of Interests.

There are non-conflicts of interest .

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الخلاصة

من المعروف ان الفتق الفخذي اكثر شيوعا في المرضى الأناث منه في الذكور و في اكثر الأحيان يكون الفتق صغير الحجم و يشخص بعد حصول المضاعفات و هي اختناق الفتق. هذه الحالة المرضية التي تم تسجيلها تشمل تشخيصا لفتق فخذي كبير جدا غير مختنق لمرضى ذكر عمره 54 سنة بالاعتماد على الفحص السريري. و بعد اجراء التحاليل الطبية اللازمة و اشعة الصدر تم اجراء العملية اللازمة لتصليح الفتق باستعمال الشبكة بدون مضاعفات وهذه تعتبر من الحالات النادرة. وتم متابعة المريض لمدة 18 شهرا بعد العملية دون رجوع الفتق.

الكلمات الدالة: فتق فخذي كبير, مريض ذكر.